Community Mobilization For Orphans in Zambia: An Assessment of the Orphans and Vulnerable Children Program of Project Concern International

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CETZAM	Christian Enterprise of Zambia
CINDI	Children In Distress
CHIN	Children In Need network
COPE	Community-Based Options for Protection and Empowerment
COVC	Community Orphans and Vulnerable Children's Committee
DCOF	Displaced Children and Orphans Fund
DOVC	District Orphans and Vulnerable Children's Committee
FHT	Family Health Trust
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
MCDSS	Ministry of Community Development & Social Services
MYSCD	Ministry of Youth Sport & Child Development
NASTLP	National AIDS/STD/TB & Leprosy Program
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PCI/Z	Project Concern International/Zambia
PLA	Participatory Learning and Action
PWA	People With AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Map of Zambia

Executive Summary

An estimated 78 percent of Zambia's current orphans are the result of the HIV/AIDS epidemic. As the number of disaffected, undereducated, inadequately nurtured and socialized young people grows because of the HIV/AIDS epidemic, Zambia and other countries in the Southern Africa region may face serious threats to their social and political stability and economies. Finding effective ways to mitigate the impacts of HIV/AIDS on children and families must become a top national priority.

The fundamental strategies to mitigate the problems of AIDS orphans and other vulnerable children involve strengthening the capacities of the two primary social safety nets on which people in the region depend: the extended family and the community. Although these two areas of action may not be in themselves sufficient, they can reduce the number of vulnerable children that government and NGO social services assist to a manageable level.

Strategies to combat the problem of AIDS orphans should also involve government ministries, bilateral development bodies, international organizations, religious networks, the private sector, NGOs, and community-based groups. To be effective, USAID must actively seek ways to collaborate with other organizations and to help mobilize prospective participants that are not yet engaged.

Recommendations

1. USAID/Zambia should collaborate with UNICEF, key ministries, donors, and NGOs to identify districts where AIDS morbidity and mortality is leaving children especially vulnerable. This situation analysis should be a consensus building exercise as well as a technical process. It should lay groundwork for ongoing monitoring of the impacts of HIV/AIDS on children, families, and communities.

2. PCI and USAID/Zambia should develop a strategy for incrementally scaling up the community mobilization component of the OVC program. Elements of this could include, for example, incorporating the training of additional community mobilizers into the initial mobilization efforts, and drawing on resources that may be available through such bodies as CARE and the ISTC agricultural college.

3. DCOF should make available to USAID/Zambia funds to permit the mission to extend and revise its contract with PCI to enable it to continue and scale-up the OVC program for three years. Include a provision in the contract that continuation of funding beyond 18 months will be contingent on the findings of an assessment to be carried out within 12 months.

4. A revised agreement between USAID/Zambia and PCI should include provision for restructuring of the OVC staffing pattern to enable PCI to scale up community mobilization efforts as rapidly as this can be done in an effective manner

5. PCI should refine and document lessons learned to date under the OVC program and establish guidelines and tools for initiating the community mobilization process in new districts.

6. PCI and USAID/Zambia should ensure that there will be ongoing communication and collaboration between the OVC program and HIV/AIDS components of ZIHP with a view toward using community mobilization around the needs of orphans and other vulnerable children as an entry point for and a way of increasing the effectiveness of other HIV/AIDS-related activities. Particular attention should be given to involving youth in the care of orphans and people who are ill as a result of HIV/AIDS.

7. PCI should explore with CETZAM how residents of communities that have established OVC committees can gain access to microcredit and savings services and ways that the two programs can collaborate and reinforce each other in HIV/AIDS prevention and mitigation.

8. Working closely with the DOVCs, the Zambia Community Schools Secretariat, and UNICEF, PCI should work to build the capacity of COVCs to support, manage, and develop the community schools that they have started. This would require the full or part time involvement of individuals

with expertise in the development of nonformal education and fund raising.

9. DCOF should facilitate an exchange of lessons learned between the OVC and COPE programs, and if possible other programs in the region mobilizing community-based care and support for orphans, with a view toward identifying the most effective ways to scale up such programs.

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Introduction: The Scale and Scope of the Orphans Issue

Southern Africa is experiencing the highest HIV prevalence rates in the world. The 1997 USAID report, *Children on the Brink*, looked at the issue of orphaning in the countries most affected by HIV/AIDS and found that Zambia had a higher proportion of children without parents than any other country in the study. The report indicates that by next year over one-third of Zambia's children will be orphans and that their proportion will continue to increase for at least 10 years. Even if HIV prevalence in Zambia does not rise any further and the number of orphans peaks by that time, it would not decline to current levels for another decade. An estimated 78 percent of Zambia's current orphans are the result of the HIV/AIDS epidemic.

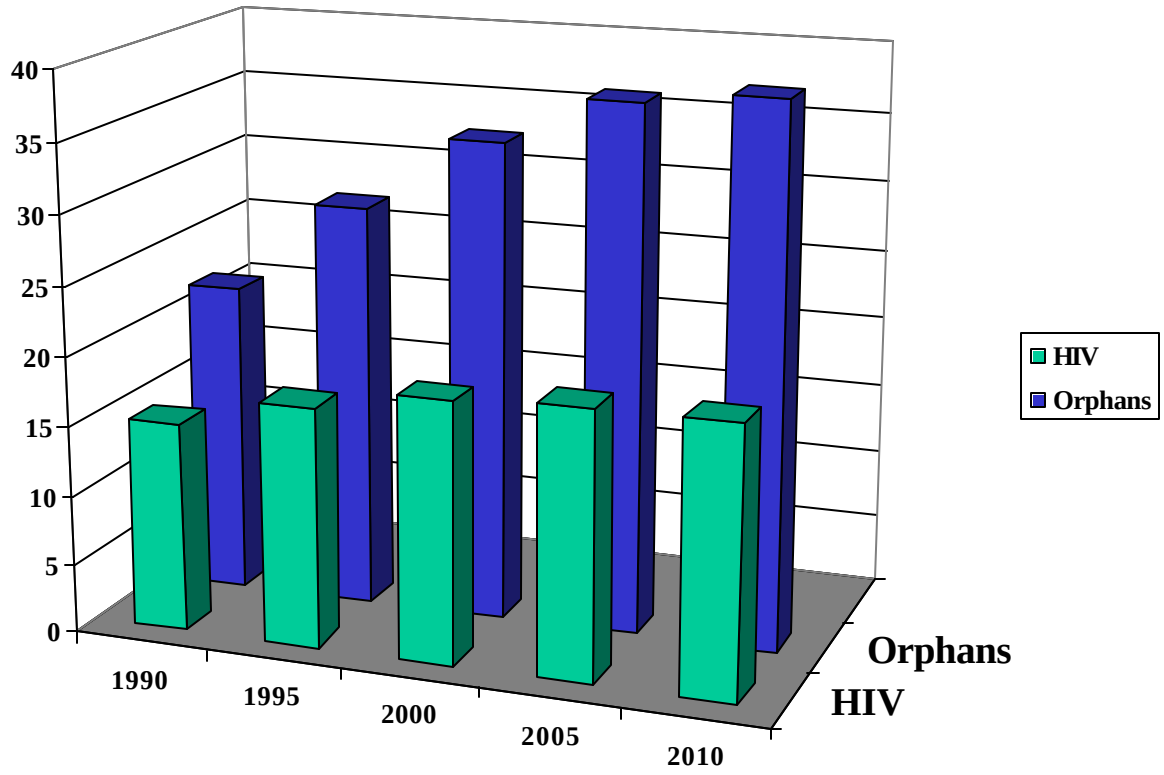
The pervasiveness of the growing problem of orphans in Zambia has reached a level where virtually everyone, at all levels of society, is directly or indirectly affected by increased strains on extended family and community coping capacities. A 1996 UNICEF study in four heavily affected communities in Kitwe and Choma Districts in Southern Province, Zambia, found that over 50 percent of surveyed children had lost one or both parents, and 71.5 percent of all households were caring for at least one orphan. The study also found that 98 percent of all orphans were being cared for by a surviving parent, the extended family, or grandparents.

The health, economic, social, and emotional impacts of HIV/AIDS occur in the context of an already poor country with a limited capacity to respond to the needs of vulnerable children and families. Over half of Zambia's children under five years of age suffer from moderate to severe nutritional stunting, and Zambia has the thirteenth highest mortality rate in the world for children under five.

The impact of HIV/AIDS on children and families in Zambia is too extensive for any organization or body concerned with development to ignore, and too great for any single body to address them unilaterally. To be effective on a sufficient scale the response must mobilize the commitment and resources of many different participants. This includes government ministries, bilateral development bodies, international organizations, religious networks, the private sector, NGOs, and community-based groups. To be effective, USAID must actively seek ways to collaborate with other organizations and to help mobilize relevant actors that are not yet engaged.

Using figures from *Children on the Brink*, Figure 1 presents the relationship of orphaning to HIV/AIDS and the anticipated scale and duration of the problem.

Figure 1: HIV Prevalence and Orphan Rates in Zambia



The humanitarian consequences of the increasing proportion of orphaned children are very disturbing. Orphans drop out of school, are pushed deeper into poverty, seek to survive on the street, and suffer increasing threats to their health and nutrition. But the societal impacts and reasons for concern potentially go much further.

As the number of disaffected, undereducated, inadequately nurtured and socialized young people grows, Zambia and other countries in the region may face serious threats to their social and political stability and economies. Finding effective ways to mitigate the impacts of HIV/AIDS on children and families must become a top national priority.

Children on the Brink identifies basic response strategies to problems resulting from the pandemic

and its anticipated duration. The fundamental strategies it describes involve strengthening the capacities of the two primary social safety nets on which people in the region depend: the extended family and the community. Although these two areas of action may not be in themselves sufficient, they can reduce the number of vulnerable children that government and NGO social services assist to a manageable level.

The child welfare challenges posed by HIV/AIDS are unprecedented and daunting, but failure to address them would seriously undermine development efforts. How to do this is the critical question for Zambia and other countries seriously affected by HIV/AIDS. The magnitude and anticipated duration of the epidemic's impacts dictate that interventions must

- Have significant impacts on the safety, well-being, and development of very large numbers of children and adolescents;

- Be possible to implement on a very large scale in all parts of the country where the capacity to protect and care for children has been seriously undermined by HIV/AIDS;

- Be sustained or produce sustainable results for at least two decades;

- Involve and draw on the resources of a wide range of governmental, nongovernmental, and intergovernmental organizations and the private sector.

International experience to date indicates that two complementary types of interventions show promise for meeting these criteria: mobilization of communities to respond to the needs of their most vulnerable children and state of the art microfinance services. This report concerns the community mobilization effort of Project Concern International (PCI) in Zambia.

In October 1996, PCI was awarded a grant to conduct bridging period activities for the Zambia HIV/AIDS Prevention Project. These activities were intended to serve as a transition from the Morehouse School of Medicine Zambia HIV/AIDS Prevention Project, which ended in September 1996, to the start of the Sixth Amendment to the Project Grant Agreement between the Government of Zambia and the United States of America. The Sixth Amendment shifts the focus of USAID HIV/AIDS support from setting up of interventions in partnership with NGOs and government units to developing the capacity of Zambian institutions and government to plan, implement, monitor, and evaluate HIV/AIDS interventions within the context of the Zambia Integrated Health Package (ZIHP).

With additional funds from the Displaced Children and Orphans Fund (DCOF), USAID/Zambia awarded PCI a grant of $750,000 to launch a program of support to orphans and other vulnerable children (OVC), which was subsequently extended to March 31, 1999. At this writing, USAID/Zambia has agreed to extend the program for an additional six months.

DCOF Assessment Methodology

DCOF was established in 1989 by an act of Congress and is administered by the Office of Health and Nutrition of USAID. DCOF is supported by the Displaced Children and Orphans Fund and War Victims Fund Technical Support Project. DCOF focuses on issues of loss and displacement among three groups of children in the developing world: unaccompanied children affected by armed conflict, street children, and children orphaned by AIDS.

The team's objectives can be summarized as follows:

- Review the results achieved through the PCI OVC program, with particular attention to district- and community-level mobilization activities in Kitwe in Zambia's Copperbelt Province.

- Assess and make recommendations regarding the effectiveness and appropriateness of the OVC program, with particular attention to the issues of its sustainability and of scaling up community mobilization responses.

- Assess the viability of PCI's district- and community-level mobilization approach for scaling up responses.

- Assess whether other organizations or programs might be appropriate candidates for USAID funding regarding OVCs.

- Assess the capacity of the PCI/Zambia team to take a leading role in systematically developing community-based responses to the most pressing needs of orphans and other vulnerable children.

- Explore the potential for extending microfinance services into the areas mobilized to respond to the needs of orphans and other vulnerable children.

- Identify technical and policy issues strategically relevant to an effective national response to the needs of orphans and other vulnerable children and the potential for collaborating with other programs and donors.

- Participate in a USAID regional workshop on HIV/AIDS in Pretoria, South Africa.

- Participate in USAID/Zambia's ZIHP kick-off planning workshop.

- Explore the utility and feasibility of collecting and analyzing cost-benefit information on interventions to address the needs of orphans and other vulnerable children.

This report presents the DCOF team's observations and recommendations. The team's itinerary and persons contacted are included as Appendix C. Dr. Serpell's work on costs and benefits of community schools is included in Appendix D.

Following their work in Zambia, the team proceeded to Malawi to visit the DCOF-funded Communitte-Based Options for Protection and Environment (COPE) II program. Also, one team member returned to Zambia from January 27-30, 1999, as a member of a delegation led by Sandra Thurman, Director of the Office of National AIDS Policy at the White House. Following the team's return to the United States, there has been ongoing communication concerning the next steps for USAID in Zambia concerning the issues addressed by the assessment team.

Appendix A provides an overview of the travel and contacts made by the team. During their visit to Kitwe, the team was accompanied by Ms. Grace Kasaro of the Ministry of Community Development and Social Services and Stephan Dalgren of UNICEF/Zambia. Several members of the PCI/Zambia staff also accompanied the team. The team had substantive discussions at the community and district levels with six community OVC committees and the district OVC committee. With the time required to participate in the regional USAID meeting in Pretoria and the kick-off workshop for ZIHP, the team did not have sufficient time to conduct a thorough assessment of all the activities carried out through PCI's OVC program. The team concentrated its efforts on what it saw as the most promising component of the OVC program, the mobilization of communities in Kitwe.

Strategic Perspective on Community Mobilization

The assessment of the PCI OVC program in Zambia was undertaken not only to determine its particular merits or degrees of success but also to draw lessons from its relatively limited activities. These lessons can be strategically applied as USAID, in collaboration with the Government of Zambia and other organizations, mount an effective and scaled-up response to the impacts of HIV/AIDS. To assess OVC activities with a view to the ways that they could inform strategic action, the team brought to the exercise a broad understanding of dynamics and causes of the social, economic, and other problems resulting from the HIV/AIDS epidemic and the ways that they might reasonably be addressed at scale.

In the developing countries most heavily affected by HIV/AIDS, most activities dealing with mitigating the disease's negative consequences have fallen into two categories:

- NGO programs whose paid staff deliver direct relief and development services to affected children and families, sometimes using trained community volunteers. Many of these have produced good results, but with relatively limited geographic coverage and a cost per beneficiary too high to reach more than a tiny fraction of families and communities made vulnerable by HIV/AIDS; and

- Community-based initiatives that have produced good results at a low cost per beneficiary but whose geographic coverage has also been very limited.

The number of children affected by HIV/AIDS in Zambia is extremely large, so it is essential to identify approaches whose effectiveness is good and whose cost per beneficiary is low enough that they could be scaled up to make a significant impact. *Children on the Brink* projects that by next year there will be 1.7 million orphans in Zambia. Children made vulnerable by HIV/AIDS also include a large additional group: children not yet orphaned whose parents have HIV. An additional number of children are affected as their families over-stretch their limited resources to take in orphans. The cost of programs that depend on paid staff to deliver services would be far too great to implement on the scale at which children are being put at risk. Neither would it be realistic to assume that because some community groups have spontaneously addressed the needs of orphans that all communities will eventually do this on their own. The broadbase of responses must depend on action at family and community levels. Methods must be found to support and mobilize these systematically.

The most important responses to the impacts of HIV/AIDS are made by the affected families and communities. They are the front line of response to the health and welfare problems caused by HIV/AIDS. They are the two most important social safety nets for affected children. The foundation of an effective response must be to strengthen the capacities of families and communities in geographic areas especially vulnerable to HIV/AIDS.

The assessment examined activities in Zambia to determine whether the approaches being used showed promise for implementation on a wide scale. There is an extensive body of development literature that indicates that communities can be mobilized when residents come together and collectively define common concerns and identify ways to address them. In some other countries there have been encouraging indications that communities seriously affected by HIV/AIDS can be systematically mobilized to address the most urgent needs of orphans and the seriously ill. Several community-based programs in Zambia and elsewhere in Sub-Saharan Africa have shown that people at the grassroots level are not only concerned about the impacts of HIV/AIDS, but are also prepared to take leadership roles, demonstrate ownership, and devise ways of sustaining the activities they initiate. Communities are key stakeholders in HIV/AIDS programs. They are the main beneficiaries of such programs, and are potentially major contributors to prevention, care, and support efforts.

The strongly felt concerns among community residents are the driving and potentially sustaining force behind the OVC community mobilization programs. These concerns are not generated by the Participatory Learning and Action (PLA) process, which produces a shift in perception and understanding among participants. Under the PLA process, the needs of orphans are recognized as individual needs, and the needs of families are recognized as shared community needs. Because the motivation to participate comes from personally and community-recognized concerns, it is essential for PCI and USAID/Zambia to recognize that communities must define which children and which threats to

children they are most concerned about. This precludes the community mobilization process from generating standard responses.

In the following list, PCI consolidated items that communities have used to determine which children they are most concerned about.

- Did the child ever attended school?
- What was the child's highest grade reached?
- Is the child in or out of school?
- What types of health problems does the child have?
- What sources of medical treatment are available to the child?
- How many meals available to the child?
- How frequently are meals available to the child?.

Each community can only be expected to address problems that they have assumed responsibility for and to carry out activities that they have decided upon by themselves. Although it will be impossible to measure results such as children who are in school as a result of community efforts, some communities may address other priorities that they have identified (such as care and protection, food, and health care). PCI should compile indicators to measure the success of communities' OVC programs. The specific activities that communities decide to carry out and the impacts of these activities can also be measured. Some communities have come together around their concerns about orphans to address other shared concerns. Activities carried out by each community are likely to change over time. Communities will continue to learn and adopt new activities from PCI, other organizations, and each other.

The most encouraging approach to shoring up household resources and strengthening community resources is state of the art microfinance programing. In Uganda, DCOF funds were used to enable the Foundation for International Community Assistance (FINCA) to initiate a village banking program. This growing program, with 20,000 current members, maintains loan repayment rates above 98 percent. Seventy-five percent of the bank's members reported that they were caring for orphans. If similar community-based projects grounded in participatory development techniques can be scaled up effectively and sustained, this approach may provide a cost-effective way to address the HIV/AIDS crisis.

Appendix C provides information about basic principles for effective community mobilization.

Observations and Findings

Effective orphans-focused activities are important for four reasons:

- The growing number of orphans in Zambia constitutes a slow-onset disaster of major proportions and humanitarian concern.
- Failure to address the problems of OVCs has the potential to destabilize the country as these children become older.

- Community concern about the needs of orphans shows promise as a starting point for increasing awareness of the impacts of HIV/AIDS and receptivity to prevention messages, particularly among youth. Community concern about orphans has also been a catalyst for communities to address a broader range of development concerns.

- Political, business, and religious leaders that understand the issues related to the social and economic implications relating to the needs of orphans better understand other issues related to HIV/AIDS.

A failure to develop a sustainable approach to mitigate the impact of HIV/AIDS children would jeopardize the country's medium to long-term development and stability. USAID/Zambia should demonstrate an effective approach–with the collaboration of the Government, UNICEF, and other donors–to strengthen family and community coping capacities. Developing such an approach has regional and global significance. The process must be undertaken with a long-term perspective. Some of the initiatives tried will not be successful, but it is important to learn from them.

PCI has made a serious effort not only to generate action to benefit orphans but to institutionalize commitment and capacity to mobilize and support community-based OVC activities on an ongoing basis by collaborating with the Ministry of Community Development and Social Services (MCDSS) and, at the district level, organizing committees. District-level participants included staff members of the MCDSS and other ministries such as the ministries of Health, Education, and Agriculture; local government; religious bodies; NGOs; the private sector; and the media.

PCI has performed in an acceptable manner since the start-up of the OVC activity approximately 12 months ago. Considerable progress appears to have been made in a variety of programmatic and geographic sectors of the program over the last six months, with significant intermediate results. The OVC team has demonstrated its ability to learn relatively quickly and to apply lessons learned from one community intervention to subsequent efforts. Skill in community mobilization is a scarce commodity in Zambia. It is learned primarily by doing it, so the capacity PCI has developed is an important investment that the USAID mission should seek to use and further develop.

The PLA methodology used by PCI as the first step in mobilizing communities appears to be well-suited to the task of mobilizing communities around the needs of orphans and other vulnerable children. PCI has used PLA to increase community awareness, concern, and commitment to addressing the needs of orphans and other vulnerable children and to plan and organize concrete action in response. The PLA methodology should be given serious attention by programs with similar goals in other countries.

The community mobilization carried out in nine urban and peri-urban communities in Kitwe by PCI shows good promise as an approach that may be able to generate cost-effective, sustainable, and community-owned and managed activities to improve the care and protection of OVCs. The first five communities mobilized have started community schools as well as a variety of other initiatives to improve the situation of vulnerable children. Particularly significant were the numerous examples of communities, reportedly for the first time, intervening in cases where children were abused or without any care and in instances of "property grabbing" affecting widows and orphans.

In Kitwe, the OVC program has used a participatory approach to community-level problem identification and problem solving. It is grounded on the principle of local Zambian program design, strategic planning, implementation and monitoring, with a minimal level of expatriate involvement. It stresses and supports self-reliance, at the family and community levels with respect to the care and protection of OVCs in the community. Community mobilization around the needs of OVCs shows promise as an entry point for other HIV/AIDS prevention and mitigation activities and other development efforts.

Table 1 includes information given to the team by COVCs during visits to the compounds in Kitwe.

Table 1: COVC Componds in Kitwe

Compound	Population	OVC Identified	Students in Community School
Kamatipa	30,000	1,030 of whom 570 are double orphans	230
Mulenga	10,500	2,300 orphans under 20 years of age	200
St. Anthony	4,460	280 orphans under 20 years of age, 55 vulnerable children not in school, 40 widows, 15 elderly women	207
Chipata	10,000-15,000	565 orphans, of whom 108 are double orphans	191
Malembeka	15,000		254

The number of children enrolled in community schools in the Kitwe OVC communities has grown since August 1998, when the last OVC program review took place.[1] However, no changes have taken place in either the school infrastructure or number of volunteer teachers to cater for this growth in enrollment levels. The school committees do not want to turn away any children who ask to attend, but these communities urgently need help to plan strategically for the operation, support, and expansion of their schools. Appendix C presents an overview of costs and benefits of community schools.

The DOVC in Kitwe appears to be active and to involve a cross-section of key actors. It began meeting in February 1998, and continues to meet monthly. It provides a forum for networking among organizations, has a weekly hour-long radio program to increase broader awareness of the needs of orphans, trains with COVCs, seeks support for the community schools started by COVCs, and has developed a five-year strategic plan to be incorporated into the district's strategic development plan.

During a discussion with the chairman and members of the DOVC, they identified the following key roles of the DOVC:

- Sensitizing,
- Mobilizing,
- Facilitating,
- Linking, and
- Advocating.

State-of-the-art microcredit and savings services have been initiated in Kitwe by the Christian Enterprise of Zambia (CETZAM) with funding from DFID. Access to these services could help households to withstand the eventual economic impacts of HIV/AIDS and reduce the number of people who slide from poverty to destitution. It could also enable community members to be better able to provide support to orphans and other vulnerable children. Both community mobilization and microfinance services depend upon and help to build community solidarity. Potentially, programs could complement and reinforce each other. Two of the communities mobilized by PCI are within the areas being served by CETZAM, which would make collaboration between the two programs feasible. "Community-based Economic Support for Households Affected by HIV/AIDS" addresses ways that microfinance services can help mitigate the impacts of HIV/AIDS.[2]

Although the work initiated by community OVC committees in Kitwe has potential as a cost-effective way to address the needs of OVCs, several measures are needed to increase its sustainability:

- Stronger capacity to train OVC committees in fundraising and other ways to access external resources;

- Access for communities mobilized to microfinance services to enable households to better withstand the economic crises caused by HIV/AIDS and community members to continue providing support to more vulnerable children and households; and

- Some limited but ongoing recognition, encouragement, and capacity building from the district OVC committee or the NGO responsible for community mobilization.

The district social welfare officer credited PCI with helping to change attitudes at the district level and community levels through the PLA process and follow-up work. He said that the prevailing culture in Zambia has been to look to donors for support, but the community mobilization process has helped people to assume responsibility themselves.

In Livingstone, after a start flawed by early emphasis on the announced availability of funds for community income-generating projects, progress was reported in four of the five communities where PLAs were carried out. Community OVC committees have begun to initiate such activities as recreation clubs, identification and intervention in situations of child abuse, and sensitization of young people about reproductive health issues. Implementation of the OVC project in Livingstone has progressed faster than anticipated when one team member visited the five OVC communities (Linda, Malota, Nakatindi, Sakubita, and Zambezi Sawmills) in August 1998.[3] The following developments have been important:

- Establishment of a well-planned community school at Nakatindi compound;

- Improvement of coordination between the DOVC and the COVC with the appointment of a facilitator from the DOVC for each OVC community;

- Formation of recreational clubs (such as soccer, netball, and drama) in each OVC compound;

- Active involvement of COVC members in child abuse and protection issues, including interim care of abandoned infants;

- Improved community ownership and commitment to the OVC program with COVC members volunteering their time and skills to assist OVC-related activities; and

- Inviting other NGOs such as YWCA (peer educators) to sensitize young people in the community about health issues such as adolescent and reproductive health and safe sex.

Although progress toward project implementation is good in four of the five communities, community mobilization in Linda compound has lagged behind and the DOVC feels that a follow-up mini-PLA is needed to reinvigorate its OVC activities. Recognizing some of the weakness in the Kitwe community schools due to their rapid start, PCI has helped the Nakatindi community school to start on

what appears to be a solid foundation. Community members erected a school building using local materials. Four volunteer teachers have been trained at David Livingstone Teacher Training College using the national standard syllabus for community schools. The school has been registered with the Zambia Community Schools Secretariat, and one of the DOVC committee members working in the Provincial Education Department has assisted the COVC to access teaching materials from Action in Improving Math and Science (AIMS), a British Council program of support for the Ministry of Education in Zambia that produces low-cost educational materials and math and science textbooks for distribution to schools. The school was scheduled to open in February 1999.

One of the most positive outcomes of the OVC program in both Livingstone and Kitwe is the heightened awareness of child protection issues, with the communities turning to the COVC members and the Victims Support Unit of the police force to help intervene in child abuse cases, marital disputes, and property grabbing. Most of the participating OVC communities have reported cases where their intervention led to the resolution of child abuse problems in their communities. In at least one case, an abusive parent was sent to jail following intervention by the COVC with the Victim Protection Unit of the police.

Failure to extend the PCI OVC program would likely undermine current and future community mobilization efforts, at least in Kitwe and Livingstone. Although the community OVC committees have made a very good start, it would be unrealistic at this stage to expect them to maintain their current efforts without at least some periodic encouragement and some further capacity building. There is not enough time to make a transition to an organization other than PCI without seriously jeopardizing current activities and community commitment and disillusioning those at the district and community levels who have started OVC efforts.

PCI has gained the confidence of the OVC participating communities in Kitwe and Livingstone. Before it phases out of a district, an effective strategy for phasing down its activities should be developed, ensuring that the DOVC or some other body can provide ongoing encouragement and training, and help COVCs link with external resources.

Part of a capacity-building and phase-out strategy should include improving the mobility of DOVCs and COVCs. Providing COVCs with bicycles has already made a difference to their effectiveness in serving their communities. Motorbikes might be appropriate at the district level, but any support of this kind would have to include ongoing maintenance and repair.

The PCI team possesses skills in the areas of management, policy analysis, and monitoring and evaluation. However, the current staffing structure of PCI does not seem well suited to the scaling-up that needs to be done. Staff with community mobilization skills should be based in the areas where mobilization is to be carried out and the number of Lusaka-based professional staff significantly reduced. Either through its own staff or on a contract basis PCI needs the capacity to train OVC committees in fundraising.

Questions that need to be addressed with regard to scaling-up strategies would include the following:

- What additional skills are needed by the DOVCs and COVCS?
- What indicators might be used for determining where these committees are with respect to self-sustainability?
- What time frame is required?
- What types of documentation, guidelines, descriptive materials, and management tools are needed to facilitate the speedy and effective replication of the community mobilization strategies in new areas?

Orphans as a Starting Point

One of the lessons that PCI has learned from its experiences with community mobilization is that strongly felt concerns about orphans and other vulnerable children can be the issue that brings communities together and prepares it to address other shared concerns as well. The OVC project has potential as a cost-effective way of mobilizing communities around shared community concerns about orphans, and it can also be the starting point for community problem solving around other issues such as health, sanitation, nutrition, support for home-based care, and HIV/AIDS educational and prevention activities. The OVC project may also facilitate the introduction of solidarity-based microfinance services. The St. Anthony OVC committee, for example, started a community school and then organized residents to widen footpaths so vehicles could enter, arranged for the Ministry of Health to carry out an immunization campaign, and improved drainage in the community.

There is growing interest in ways that orphans activities and other kinds of care activities can be an entry point for promoting HIV prevention. One of the main reasons why HIV has spread as extensively as it has throughout the world is the long lag between infection and illness.

The link between change in sexual behavior and avoidance of illness is less obvious, for example, than the reduction in malaria and the use of treated bed nets. Engagement in care activities can help make a cause-and-effect link in participants' experience that will reinforce prevention messages. The OVC program and elements of the Zambia Integrated Health Program (ZIHP) can be mutually reinforcing, particularly in relation to HIV/AIDS prevention and control activities. This potential should be given particular attention with regard to youth, who can help support orphans and people living with HIV/AIDS to do basic household tasks, and make decisions about their own sexual behavior as concerns HIV infection.

The initial participating OVC districts are urban. To develop a viable national approach to mitigating the impacts of HIV/AIDS, it will be important to try community mobilization in rural districts where community dynamics, and cultural and socio-economic infrastructure is different. According to NASTLP, the worst hit rural district in terms of HIV/AIDS prevalence rates is Nchelenge in Luapula Province. Since PCI had an HIV/AIDS program in Nchelenge last year, it might be the most appropriate district to move into after Livingstone and Kitwe. Discussions at the mission also indicated that microfinance services, which could complement and reinforce a community mobilization strategy, are being established in Nchelenge. Planning of any new community mobilization efforts should include developing a phase-out strategy.

Need for National Coordination

At the national level in Zambia, HIV/AIDS is increasingly recognized as more than a health issue. Agriculture, education, community development, and business sectors are being affected as well. In the meetings held with government officials, one of the critical issues that was discussed was the lack of a coordinating ministry to oversee programs targeting orphans and vulnerable children in the country.

To mitigate the impact of HIV/AIDS, Zambia needs a mechanism to bring about effective inter-sectoral coordination and stimulate greater response among key ministries and other significant actors. For example, UNICEF works through the Ministry of Youth, Sport and Child Development, while PCI is implementing their OVC program through the Ministry of Community Development and Social Services. Shortly after the team left the country, the UNICEF representative was scheduled to convene an inter-ministerial discussion about a mechanism to facilitate collaboration within the national government.

The UNICEF Representative has been very active in promoting the engagement of his own organization and the Government of Zambia with the impacts of HIV/AIDS as a slow-onset, long-term disaster. He sees HIV/AIDS as the main priority of his program. Meeting with the team he stressed the following national-level needs:

- A policy and framework for action,
- A stronger legal framework to protect the rights of children and women, and
- A capacity to map and monitor the impact of HIV/AIDS responses.

He expressed his strong interest in collaborating with USAID to address these issues. It is not clear whether UNICEF will request USAID funding for the action it foresees in this area.

The Children in Need network (CHIN) is a network of about 70 organizations in eight provinces concerned with vulnerable children, in particular those affected by HIV/AIDS. The CHIN Secretariat provides technical assistance to its members, maintains a resource center, links members with potential donors, and serves as a national-level advocate for vulnerable children. In response to needs expressed by its members, CHIN organized training and produced a "Manual for Psychosocial Counselling." The manual was funded by the OVC program.

Zambia's legal framework to protect children is outdated and is in serious need of revision, particularly to bring legislation into compliance with the United Nations Convention on the Rights of the Child. PCI funding to the Zambia Law Development Commission has helped it to carry out a process of public discussion and development of a revised Juvenile Act, which was due for distribution at the end of January 1999. At least 19 additional pieces of legislation need to be revised through a process, including public discussions throughout the country on such controversal issues as how best to reconcile traditional law with the provisions of the United Nations Convention on the Rights of the Child, to which Zambia is a party.

If the mission identifies strategic opportunities to strengthen national policy, planning, monitoring, or coordination capacity in conjunction with such bodies as UNICEF, CHIN, or the Law and Development Commission, DCOF may be able to make some limited additional funding available.

Advice to Communities with Similar Problems

When meeting with members of Community OVC committees, the team gave them the opportunity to provide advice to share with people concerned about orphans in other communities. These are some of the comments that were recorded:

In Kamatipa Compound: Unity is the issue. Strengthen existing institutions, including the extended family. Recognize that orphans are there, that they are our children, and that we must care for them. We shouldn't be looking to outsiders to come and help. We have to do what we can ourselves.

In St. Anthony Compound: The community has a responsibility to stand with widows and protect them from property grabbing. We should stand by the side of the widows and look after the welfare of the family. When the community takes responsibility to look after orphans, the orphans as they grow older will feel an obligation to look after the welfare of younger children in the community. The community should look on the orphans as their own children.

In Chipata Compound: What motivates community members to help orphans? This is a collective responsibility in spite of the other problems we face. I am a member of the Chipata OVC committee and am trying to help. If I fall sick, I hope other members of the community will help take care of my children.

If we neglect the orphans, we are killing ourselves because we have not invested in their lives.

We need to recognize that orphans will continue to be in our community and that any child is at risk of becoming an orphan. Government offices must also play a greater role. The school curriculum should help children see their responsibilities to help orphans so they will do so when they become adults.

Notes

1. From "Review of Orphans and Vulnerable Children (OVC) Program Implementation in Zambia: A Consultancy Report to Project Concern International," Namposya Serpell, September 1998.

2. Discussion paper 6, Jill Donahue, Health Technical Serivces project and USAID, June 1998.

3. From "Review of Orphans and Vulnerable Children (OVC) Program Implementation in Zambia: A Consultancy Report to Project Concern International," Namposya Serpell, September 1998.

4. From materials prepared for the Displaced Children and Orphans Fund by Jill Donahue in March 1999.

Appendix A

Contacts and Itinerary

Date	Location	Persons	Activity
Jan. 8		Mr. Lloyd Feinberg (LF); Ms. Namposya Serpell (NS); Mr. John Williamson (JW)	Arrival in Lusaka
9	Lusaka	Ms. Deborah Bickel (DB), Country Director, PCI; Ms. Brenda Yamaba Muhyilla (BYM), OVC Program Manager, PCI; Ms. Robie Siamwiza (RS), Policy Advisor, PCI; Ms. Grace Kasaro (GK), Social Welfare Officer, MCDSS; Stephan Dahlgren (SD), UNICEF; LF; NS; JW	Travel to Kitwe
	Sherbourne Guest House		Briefing on OVC program
	Kamatipa Compound	DB, BYM, RS, GK, SD, LF, NS, JW, and members of the Kitwe DOVC met with the Kamatipa OVC Committee	Presentation and discussion on activities carried out to benefit orphans and other vulnerable children
	Mulenga Compound	DB, BYM, RS, GK, SD, LF, NS, JW, and members of the DOVC met with the Mulenga OVC Committee	Presentation and discussion on activities carried out to benefit orphans and other vulnerable children
10	Kitwe City Council chamber	Mr. Masauso Nzima (MN), Deputy Country Director, PCI; DB, BYM, RS, GK, SD, LF, NS, JW, and 12 members of the Kitwe DOVC	Discussion on the activities, goals and roles of the DOVC and village OVC committees

	St. Anthony Compound	DB, MN, BYM, RS, GK, SD, LF, NS, JW, and members of the Kitwe DOVC	Presentation and discussion on activities carried out to benefit orphans and other vulnerable children
11	Office of Christian Enterprise of Zambia (CETZAM)	LF, JW, MN, BYM, Mr. Christopher Hichibala, Executive Director, CETZAM; and Mr. Solomon Zimba, Finance Manager, CETZAM	Discussion on the OVC program, CETZAM, and the potential relevance of microcredit to mitigating the impacts of AIDS
	Chipata Compound	DB, MN, BYM, RS, GK, LF, NS, JW, and members of the Kitwe DOVC	Presentation and discussion on activities carried out to benefit orphans and other vulnerable children
	Musonda Compound	DB, MN, BYM, RS, GK, LF, NS, JW, and members of the Kitwe DOVC	Presentation and discussion on activities carried out to benefit orphans and other vulnerable children
	Malembeka Compound	DB, MN, BYM, RS, GK, LF, NS, JW, and members of the Kitwe DOVC	Presentation and discussion on activities carried out to benefit orphans and other vulnerable children
	District Welare Office	Mr. Samson Bwalya Chama, District Social Welfare Officer, Rev. Sabbath Musinda, member of DOVC, NS, JW	Discussion on the situation of orphans in the district and the role of the District Social Welfare Officer
	St. Margaret's Anglican Church	Fa. Thomas, Chairman of the DOVC; Rev. Musinda, Mr. Moses Sampa, memeber of the DOVC; Mr. Bwalya Chama; other members of the DOVC; LF; NS; JW,	Discussion of the roles that the DOVC has or could play
12	Kitwe	DB, BYM, RS, GK, LF, NS, JW	Travel to Lusaka

	MCDSS office	Ms. Mary-Grace Nkole, Permanent Secretary, MCDSS; Ms. Grace Muzyamba, Director of the Department of Social Welfare; BYM; LF; NS; JW	The PCI OVC program and the role of MCDSS in it
	Office of the Christian Medical Association of Zambia (CMAZ)	Dr. Simon Mphuka, Health Program Manager, CMAZ; BYM; LF; NS; JW	Church-related programs in Zambia addressing the needs of orphans
	Office of the Zambia Law Development Commission (ZLDC)	Judge Alphonse Kamanzi, Senior Research Fellow, ZLDC; RS; LF, NS; JW	The process of revising Zambia law relevant to children
13	Mulengoshi International Conference Center	Dr. Moses Sichone, Director of the Zambian AIDS Commission and Coordinator of the XI International Conference on AIDS and STDS in Africa; LF, NS, JW	The evolution of the HIV/AIDS epidemic in Zambia, the situation of orphans, and care as an entry point to promote prevention
	PCI office	Mr. Simon Bradwell, Marketing Officer, Technology Development and Advisory Unit; Helen Jarvis, consultant, Zambian Community Schools; Mike Sinyinza, Program Officer-Small Grants, PCI; BYM; LF; NS; JW	Possibilities for communities to raise funds to support community schools in OVC communities Kitwe and resources relevant to community schools in Zambia
	Lusaka	Mr. Walter North (WN), Mission Director, USAID/Zambia; Mr. Robert Clay (RC), Population Helath and Nutrition, USAID/Zambia; LF; JW	Travel to Pretoria

14	PCI/Z Office Lusaka	NS, Moses Sipumo(MS) (DOVC) Livingstone, Gwendolynne Sampa(GS) (DOVC-Lstone), Phillimon Ndubani(PN)-TDAU, Brenda Muhyila (BM), Peter Devries, Education Program Officer-UNICEF, Stephan Dahlgren, Program Officer, UNICEF, John Musanje, CINDI	Preliminary discussions on Cost/Benefit; Cost/effectiveness of HIV/AIDS educational programs targeting children
	Holiday Inn, Garden Court, Pretoria	WN; RC; LF; JW	Participate in USAID meeting on regional approaches to HIV/AIDS interventions in southern Africa
15	PCI Office-Lusaka	NS, BM, SD, MS, GS, PN, Christine Mutungwa, Project Officer for Health, UNICEF	Continuation of the discussion of C/B; C/E analysis tool for health-related programs
	Pretoria	LF; JW	Travel to Johannesburg
16	Holiday Inn Garden Court, Sandton City, Johannesburg	Ms. Michelle Poulton, incumbent Program Director, Christian Children's Fund (CCF); Carlinda Montiero, CCF Angola; Mr. Mike Wessells, consultant to CCF; LF; JW	Discussion on the CCF psychosocial program in Angola
		LF	Travel to Zambia
17		JW	Travel to Lusaka

18	Hotel Intercontinental, Lusaka	Representatives of USAID/Zambia, ZIHP grantees, PCI/Zambia technical personnel; LF; NS; JW	Technical Issues Workshop for the transition to the ZIHP, focus on HIV/AIDS issues
19	Hotel Pamodzi	Ms. Gail Goodridge, Director, Family Health International; LF; JW	Discussion of possible implementation mechanisms in Zambia
	Hotel Intercontinental, Lusaka	Mr. Peter McDermott, Representative, UNICEF; RC; SD; LF, NS; JW	Discussion of action needed to address at scale in Zambia the situation of the most vulnerable orphans and other children
	Office of Family Health Trust (FHT)	Ms. Elizabeth Mataka, Executive Director, FHT; Mr. John Masange, Director of CINDI, FHT; LF; NS; JW	Discussion of the activities of FHT, with particular attention to CINDI
	USAID mission	Ms. Susan Gale, Private Sector Project Manager; LF; NS; JW	The potential of microenterprise activities to mitigate impacts of HIV/AIDS on affected families and communities
	CHIN office	Mr. Louis Mwewa, Coordinator, CHIN; LF; NS; JW	The role and activities of CHIN
	MSYCD office	Ms. Helen Matanda, Permanent Secretary, MSYCD; Mr. Simpokolwe, Director of Child Affairs; LF; NS; JW	Discussion of the roles of the Ministry in relation to children in especially difficult circumstances and potential mechanisms for coordination among ministries and other key actors

20	USAID Office	RC; Mark White; Paul Zeitz, Population Health and Nutrition, USAID/Zambia; LF; NS; JW;	Debriefing by the DCOF team and discussion of findings and recommendations

Appendix B

Preliminary Discussions on Developing a Cost-Benefit Tool and Data Requirements in Zambia's OVC Program of Assistance

Participants

Namposya Serpell	Convener**,** Technical Advisor, DCOF/USAID
Brenda Muhyila	Program Officer for OVC, PCI/Z
Stephan Dahlgren	Program Officer, UNICEF
John Musanje	Director, CINDI-FHT
Peter Devries	Education Program Officer, UNICEF
Christine Mutungwa	Health Program Officer, UNICEF
Sister Gloria	Catholic Relief Services

1. Community Schools

Estimated Costs

School premises (Buildings)

- < constructing a new building (building materials + labor)
- < renting an existing building
- < getting a building donated to the community and/or constructed on behalf of the community by some charitable NGO and/or religious organization free of charge
- < using church and other buildings in the community free of charge

Teacher training

- < Government's contribution to volunteer teacher training and/or
- < UNICEF's contribution to volunteer teacher training

Teacher allowances

- < schools charge a minimum fee per child
- < the community contributes from their orphans fund-raising activities
- < the government pays volunteer teachers an allowance
- < the community contributes to the teachers' upkeep in kind (e.g. food, accommodation, gardens, clothing)

Learning materials

- < text books
- < exercise books

- pencils
- rulers
- rubbers
- crayons/color pencils

Teaching aids

- black boards
- chalk
- dusters
- manila paper
- markers

Estimates using a budget cost scenario whereby the communities rent a building, pay a moderate allowance for the volunteer teachers and acquire school prerequisites for the year, works out at approximately ***$16 per child per year***. The World Bank/UNICEF estimates of what it costs to educate a primary school child per year in Zambian government schools is approximately ***$29 per child per year***. Thus, for a five year syllabus in community schools, this works out at a total of ***$80 per child to complete primary education***. The government schools cover a fairly similar primary school syllabus in seven years. Thus, the estimated cost of ***primary education per child is $203***.

Please note that the above estimates don't include measurements of the differences in the quality of education between government schools and community schools, which would have to be taken into account if one were to undertake a serious cost/benefit and/or cost/effectiveness analysis of the two education systems.

Potential benefits of community schools

Specific benefits (Individual child's accrued and/or potential benefits):

- reaching/targeting children who would otherwise have no education at all
- skills development in children so that they may become economically active members of their communities--employment potential and future earnings
- improved literacy--improves their access to information including HIV/AIDS educational materials
- healthier life styles

Social benefits (i.e., Community-wide accrued and/or potential benefits):

- captive target population for health/nutrition education
- captive target population for immunizations/diarrhoea/malaria control programs
- targets the poorest of the poor in participating communities
- mobilizes the community into a "common good" activity

- community becomes more organized through the running of the schools
- offers personal growth/development for the volunteer teachers especially from having formal training
- the community's understanding of the issues surrounding the AIDS epidemic is improved
- community empowerment of having educated future generations

Psycho-social benefits

- keeps orphans and vulnerable children from streets
- keeps children away from exploitative labor and other forms of child abuse at home
- offers preventive protection of children in the community
- gives caregivers a chance to engage in productive activities while the children are in school
- offers caregivers peace of mind and security when the children are in school (it has psychological value/benefits to all the caregivers in the community)
- protects young girls against sexual exploitation by sugar daddies (with their skills training, they can engage in economic activities that are not necessarily in form of commercial sex, thus, protecting them from contracting HIV and enabling them to earn a living).

The above are some of the benefits that can accrue to a community and to children when community schools are put in place where a large number of children are not going to school for various reasons which could include: being an orphan; poverty; lack of places in government schools; long distances to school, etc.. In order to compare the two systems in terms of cost/benefit analysis we would calculate the number of children who can be reached by government schools and those reached by community schools using similar budget estimates. One could also look at the income earning potential of children who have skills training at fifth grade and those who leave school after seventh grade without any skills training at all. Thus, the contribution of education in community schools can be measured by comparing the difference in earnings overtime of individual children with and without that particular course of education to the cost to the community and government of producing that education. This measure is known as the social rate of return to investing in education.

2. Possible indicators for cost/benefit analysis of health related programs

Immunization

***Estimated costs*:**

- percent of staff time spent immunizing children
- syringes
- vaccines
- transportation
- IEC materials about immunizations

Net benefit = Cost of treating a child suffering from e.g. measles minus the cost of immunizing that child
Net benefit = Cost of treating community members suffering from e.g. diarrhoea Minus the cost of introducing sanitation/safe water programs in the community
Net benefit = Cost of treating babies at birth minus cost of screening mothers for syphilis
Net benefit = Cost of treating malnourished babies/children minus cost of family planning programs for mothers at community level

These costs and benefits can be quantified from hospital-based data and also from estimates calculated in the Ministry of Health. The issue is also how many children/communities are reached with these services per year.

Appendix C

Principles of Community Mobilization

The process of mobilization starts with the concerns a community has in relation to HIV/AIDS. A recurring theme among these concerns is the number of orphans and vulnerable children and the circumstances in which they live. Communities often rally around activities designed to provide care for such children and support to their guardian households. The motivation that energizes their efforts comes from a variety of sources: compassion, religious commitment and a recognition that unless they support each other while they are able, they will have no one to depend on if their own families some day need help.

Guidelines for Success

- Community mobilization used as a mechanism to define and put into action the collective will of the community, rather than a mechanism to achieve community consensus for externally defined purposes.

- Letting the process unfold according to an internally defined rhythm where the community is left to progress at its own pace.

- Emphasis on a process that is iterative and incremental. Taking time, as well as timing of outside support is crucial. Leading with outside resources before a community begins to take action through internally produced means is a sure way to subvert local ownership and responsibility.

- Committees that are able to mobilize the entire community to get involved in carrying out activities become the most dynamic and are able to sustain motivation over the long run. A group that assumes responsibility for addressing problems on behalf of its community is likely to burn itself out.

- Outside support seeks to build capacity of communities, rather than delivering services themselves. The catalyst role is to sensitize, mobilize and build capacity. Outside supporters can catalyze the process in a somewhat systematic fashion, but neither they nor funding bodies should dictate what specific actions a community eventually decides to undertake.

Quality Control

Structures through which mobilization occurs vary among community-based models. However, community ownership and management of these responses to the consequences of HIV/AIDS will be the key features of success. External organizations (e.g. NGOs, religious bodies, gov't) act as catalysts to achieve this ownership using participatory processes. They engage as facilitators of the participative process, not as directors of activities. They are in the business of capacity building, not direct service delivery.

Although practitioners interviewed by the team may use different participatory tools and the issues around which they mobilize communities vary, the process is similar. Yet, many community-based programs that call themselves participatory really aren't. It is extremely important that, whatever organizations USAID and UNICEF support, they are held to rigorous standards of excellence in participatory methodology. What follows below are critical steps along the path to genuine community mobilization. This may be useful to USAID, UNICEF and other donors to verify authentic participatory processes.

A community mobilization program facilitates

- *Recognition* on the part of community members that they are already dealing with the impacts of HIV/AIDS and that they can be more effective if they work together ("we need to support each other to deal with this");

- *A sense of responsibility and ownership* that comes with this understanding is the starting point for identifying what responses are possible; ("this is happening to us and it's up to us to do something about it");

- *Identification of internal community resources* and knowledge, individual skills and talents ("who can, or is already, doing what, what resources do we have, what else can we do");

- *Identification of priority needs* ("what we're really concerned about is…");

- *Community members planning and managing* the activities using their internal resources; and

- *Increasing capacities of community members* to continue carrying out their chosen activities, to access external resources once internal means are exhausted, and to sustain their efforts over the long term.

This process does not happen all at once, nor necessarily in this order. A critically important role of a catalyst is to recognize when a community is ready for which kinds of training and external support, when to link with outside groups, and what resources to tap. The impetus for action emerges from the

community level and the catalyst formulates its agenda around community priorities, concerns, capacities and commitments.
Other areas for skills development include

- Integration of issues focusing on orphans and other vulnerable children into HIV/AIDS activities and other related programs,

- Monitoring and evaluation, and

- Proposal writing and other fund raising skills for CBOs/NGOs/religious organizations.

One recurring theme the team heard from interviewees revolved around the challenges of developing sources of funds with which communities can sustain their activities to mitigate the impacts of HIV/AIDS. Very often outside organizations jump too quickly to provide that funding. Leading with resources or even intimating that grants are available before a community has planned and begun carrying out prioritized activities is likely to distort community participation. At the same time, running into dead ends when a community has truly exhausted what it can do on its own is frustrating and demoralizing. Clearly a balance is needed.

Community Mobilization and other issues related to HIV/AIDS impact mitigation.

Linking care and prevention—The care and support of people living with AIDS should be linked closely with efforts to mitigate economic and psychosocial impacts. The potential links between care and prevention activities deserve much greater attention than they have received. Programs targeting prevention often operate in isolation from those providing care for people living with AIDS, orphans, and others made vulnerable by the epidemic. One way that such links might be important to reducing the spread of HIV stems from the fact that poverty generates a sense of powerlessness and fatalism, the feeling that the things that affect people are beyond their control. This undermines commitment among the poor to heed prevention messages. However, the empowerment that comes with effective community mobilization reinforces among participants the sense that they can affect the circumstances of their lives. This awareness may increase receptivity to adopting behaviors that reduce risk of HIV infection.

Also, personal involvement in community-based care efforts raises participants' awareness of HIV/AIDS and provides opportunities for program staff to discuss with them how HIV is transmitted and to convey prevention messages. In addition, responding to the difficulties of orphans and widows may motivate community residents to avoid risky behaviors that could ultimately have similar consequences for their own families.

Inter-sectoral partnering—If families and communities affected by HIV/AIDS are the front line of response to the impacts of the pandemic, programs must be designed to make sense within the realities of their lives. The relevance and effectiveness of programs can suffer where their funding, approaches, and expertise separate them into such boxes as: HIV prevention, voluntary testing and counselling, home-based care for people living with AIDS, care and protection of orphans, and income-generating activities. People living with or affected by HIV/AIDS do not segment their lives in this way, and better integration within and among programs can improve the relevance and effectiveness of interventions.

Scale and sustainability—In the most affected countries, the scale of the impacts of HIV/AIDS are far too large, varied and interrelated for any single organization, government, international body, or NGO to address unilaterally. Coordination and collaboration are essential among all relevant actors. HIV/AIDS is a development issue, not just a health issue. Cost-effective, sustainable interventions must be expanded to match the scope of the impacts that are occurring. They must produce sustainable impacts on the same scale at which problems are occurring.[4]

Appendix D

PLA in Kitwe and Livingstone

The OVC program strategy was premised on the observation that households were currently shouldering most of the weight of the problem of orphans and vulnerable children and that they need to be targeted for capacity building. It was decided that the way to build the capacity of households was by raising the concern for orphans and vulnerable children beyond the household to the wider community via a process of community awareness raising and mobilization to create a community owned and community managed response. It was considered that this approach would meet the requirement of a sustainable response, a requirement that PCI believes to be important.

It was decided that a methodology called Participatory Learning and Action (PLA) be used in the process of community mobilization in the two project districts of Livingstone and Kitwe. PLA is a methodology for participatory research, community awareness raising, community organization and community planning which can be used to create a basis for community action.

In both Livingstone and Kitwe PCI worked in partnership with MCDSS. An inventory of OVC service providers that was done in December 1997 provided names of organizations that could be invited to be partners in the PLA exercise.
The PLA program consisted of inviting partners, training them for three days, and helping them apply what they learned through conducting a PLA exercise in selected compounds.

In Livingstone, forty (40) people drawn from NGOs, CBOs, the communities and the District HIV/AIDS task force were trained in PLA theory and practice. The participants were then divided into compound groups of ten people each. Each group elected its own team leader. Accompanied by PCI staff as advisors the teams conducted a PLA exercise in the four compounds. These compounds were selected by the Department of Social Welfare and by the participants themselves. The selection criteria was poverty, population density, and high OVC numbers as reported by records of NGOs

The PLA exercise raised awareness in the communities of the fact that the OVC problem was a community problem that required community action. The community identified the main needs of the OVC and came up with action plans that would address these needs.-These skeleton action plans were however, built around Income Generating Activities (IGAs) and Micro-credit Schemes which in turn assumed PCI financial or material input. Other types of OVC services which do not need money were not explored. Community committees were formed to spearhead the implementation of these action plans.

A two day follow up workshop for the PLA teams and another two day workshop for community committee members from the four compounds were held to review the PLA results and to address the

issue of broadening7OVC interventions beyond just IGAs. The main aim of the workshop was to ensure that the concept of mobilizing community initiative, ownership and management of OVC activities be accepted as the fundamental principle. This was to encourage community self reliance and community ownership as opposed to dependency.

The community committees at the end of the workshop revised their action plans. They agreed to go back to the rest of the community to present the new approach for further discussion and action. The resources to address the OVC problems were classified into local financial, local non-financial , outsider financial and outsider non-financial. Local financial resources are funds that would be raised form within the community while outsider financial resources would be funds from outside the community. Local non-financial resources are services that would be provided by the community whereas outsider non-financial services would be provided be district NGOs. This involves services such as training and any other technical assistance. All these sources of resources would be explored in depth.

The community committees have a task of mobilizing the rest of the community and mobilizing local and outside resources. This would be done by forming sub-committees to address specific issues and concerns.

The Kitwe PLA training comprised 36 people drawn form NGOs, CBOs, local government. churches, government ministries and ordinary community members. These participants were also selected from inventory information on OVC service providers in the district. The people invited were also trained for three days and then, just like in Livingstone, they went out to carry out a PLA exercise in four compounds. The four compounds were selected by the Department of Social Welfare of the Ministry of Community Development and Social Services (MCDSS) using the same criteria like in Livingstone..

The exercise made the residents aware of the OVC problem as a community problem that required community action. After identifying the needs of the OVC, the community came up with action plans to address these needs. PCI learnt from the Livingstone experience and emphasized to the PLA teams to stress the ideas of community ownership and self-reliance. The action plans that were made by the communities assumed no financial or material input from PCI or MCDSS.

The communities elected community committees and the committees understood their task as that of mobilizing the rest of the community as well as other resources within or outside the community. These committees also formed sub-committees to address specific issues.

The PLA team members who facilitated the PLA exercise in each compound discussed the question of their role after the formation of the community committees and it was agreed that they constitute a technical advisory committee to meet with the community committees periodically to exchange ideas and give advice. Each TA committee has a point person nominated by other members.

The District Social Welfare Offices in both Livingstone and Kitwe are in the process establishing District OVC committees to co-ordinate OVC activities in each district. The task of each district committee would be to mobilize the communities that have not yet been mobilized in the district and also to support the work of the community OVC Committees that have been formed. The District OVC committees will function as sub-committees of their respective District HIV/AIDS Task Forces.

Appendix E

Community OVC Committee

PCI developed the following overview of a community OVC Committee:

Responsibility

The functions of the district OVC committee are as follows:

1. To examine all aspects of the problem of orphans and vulnerable children in the community

2. To raise awareness in the community about the problem of orphans and vulnerable children in the community as well as the need for community action.

3. To mobilize local resources in the community and access external resources to support the responses to the OVC problem that are being undertaken in the community.

4. To initiate and implement interventions that provide assistance to orphans and vulnerable children.

5. To work in close partnership with the district OVC committee.

Key Principles of the Committee

The main considerations in designing the committee are as follows:

- To ensure that the committee is democratic,

- To ensure that the committee has a broad based membership,

- To ensure that membership of the committee is voluntary, and

- To ensure that the activities that the committee implement promote community development and not community dependency.

Composition of the Committee

Members of the committee could be any persons elected by a meeting of community and thereafter by registered members of the Community OVC program. The illustrative list of possible members of the committee is as follows:

1. Ordinary community members,

2. Representatives of NGOs concerned with OVC problems,

3. Representatives of religious organizations,

4. Representatives of community structures (e.g RDCs, NHCs),

5. Individuals of Social standing, and

6. Business persons.

Membership Criteria

Persons with the following factors can be considered for election to be members of the committee:

1. Expert knowledge (Persons who have specialized knowledge that is relevant to work with OVC problems.

2. Resources (Persons that have time, personnel, money, equipment, land, transport etc that can be used to support OVC work).

3. Mandate (Representatives of organizations for whom work with OVC is part of their normal work).

4. Concern (individuals with a track record of dedication or motivation to work on OVC issues).

5. Influence (Role models, opinion leaders, or people with power whose involvement with OVC work can help to mobilize people and resources in the district .)

Structure of the Committee

The committee can have the following structure:

1. Committee members (Members can create various positions and sub committees to organize their work. Position holders and members of sub-committees can be elected by fellow committee members).

2. One Trustee (a Powerful and influential person of high integrity who can advise or help the committee when things go wrong. Can be nominated and invited to be a trustee by the committee).